

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **744452** (4)  
1. Corporation Name  
**ANDY ANDERSON POST #125, AMERICAN LEGION, INC.**



Principal Place of Business: **6440 5TH AVE S ST PETERSBURG FL 33707-2333**  
Mailing Address: **6440 5TH AVE S ST PETERSBURG FL 33707-2333**

3. Date incorporated or Qualified <b>10/03/1978</b>	3a. Date of Last Report <b>05/31/1995</b>
4. FEI Number <b>59-6136756</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LOVELL, EARL F  
7011 DARTMOUTH AVE N  
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81. Name: **LOVELL, EARL F.**  
82. Street Address (P.O. Box Number is Not Acceptable): **5609 - 21 Ave, S.**  
83.   
84. City: **Gulfport** FL 85. Zip Code: **33707**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BURHANS, LAWRENCE</b>
STREET ADDRESS	<b>6319 4TH AVE S</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WEBB, ROGER</b>
STREET ADDRESS	<b>31022 BEECH BLVD S</b>
CITY-ST-ZIP	<b>ST PETE FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>COMBS, WILLIAM</b>
STREET ADDRESS	<b>6266 1ST AVE S #15</b>
CITY-ST-ZIP	<b>GULFPORT FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>LOVELL, EARL</b>
STREET ADDRESS	<b>7011 DARTMOUTH AVE N</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WALKER, ROBERT C</b>
STREET ADDRESS	<b>7108 CENTRAL AVE NO 3</b>
CITY-ST-ZIP	<b>ST PETE FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>STONE, DONALD</b>
STREET ADDRESS	<b>4211 BURLINGTON AVENUE N</b>
CITY-ST-ZIP	<b>ST PETE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MENDYKE, CARL A.</b>
2.3 STREET ADDRESS	<b>2826 DUPONT ST, S. #2</b>
2.4 CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LOVELL, EARL F.</b>
4.3 STREET ADDRESS	<b>5609 - 21AVE, S.</b>
4.4 CITY-ST-ZIP	<b>GULFPORT, FL-33707</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SD</b>
5.3 STREET ADDRESS	<b>MORRISON, JAMES Q.</b>
5.4 CITY-ST-ZIP	<b>6709 CARDINAL DR, S.</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>WALTER, ELMO J. JR</b>
6.4 CITY-ST-ZIP	<b>2150 - 55TH ST, N.</b>
	<b>ST PETERSBURG, FL 33710</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES Q. MORRISON** *[Signature]* 5-6-96 (813) 343-4147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)